CITY OF FORT LAUDERDALE PERMIT APPLICATION

Fax #_____

Date:_____ E-mail: _____

Applicant Type: **BUILDING** Building Permit # _____ Plan Review #_____

Note to Applicant: This form ***must*** contain all applicable information to avoid delays.

Owner's Name: _____ Phone(_____) _____

Owner's Address:_____ City_____ State_____ Zip _____

Fee Simple Titleholder's Name (If other than owner): _____

Fee Simple Titleholder's Address:_____ City_____ State_____ Zip _____

Contractor: _____

Qualifier: _____ E-mail: _____

Certificate of Competency #:_____ State Registration # *(If applicable)*: _____

Contractor's Address: _____ City_____ State_____ Zip _____

Debris Disposal Company: _____ Phone(_____) _____

Purpose: **REROOF PRESCRIPTIVE** ☐ **SHINGLE** ☐ **FLAT** ☐ **TILE**

Job Address:_____ Present Use: _____

Subdivision: _____ Lot_____ Block_____ Zoning: _____

Job Cost $: _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Fort Lauderdale. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, ETC. **OWNER'S AFFIDAVIT**: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning in the City of Fort Lauderdale.

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for building improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement. "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

Signature:_____ Signature: _____
(Owner or Agent) *(Contractor)*

Date:_____ Date: _____

_____ _____
NOTARY as to Owner or Agent *NOTARY as to Contractor*

My Commission Expires:_____ My Commission Expires: _____

INSTRUCTION PAGE

COMPLETE THE NECESSARY SECTIONS OF THE UNIFORM ROOFING PERMIT APPLICATION FORM AND ATTACH THE REQUIRED DOCUMENTS AS NOTED BELOW:

Roof System	Required Sections of the Permit Application Form	Attachments Required See List Below
Low Slope Application	A,B,C	1,2,3,4,5,6,7
Prescriptive BUR-RAS 150	A,B,C	4,5,6,7
Asphaltic Shingles	A,B,D	1,2,4,5,6,7
Concrete or Clay Tile	A,B,D,E	1.2.3.4.5,6,7
Metal Roofs	A,B,D	1,2,3,4,5,6,7
Wood Shingles and Shakes	A,B,D	1,2,4,5,6,7
Other	As Applicable	1,2,3,4,5,6,7

ATTACHMENTS REQUIRED:

1.	Fire Directory Listing Page
2.	From Notice of Acceptance: Front Page Specific System Description Specific System Limitations General Limitations Applicable Detail Drawings
3.	Design Calculations per Chapter 16, or If Applicable, RAS 127 or RAS 128
4.	Other Component Notice of Acceptances
5.	Municipal Permit Application
6.	Owners Notification for Roofing Considerations (Re-Roofing Only)
7.	Any Required Roof Testing/Calculation Documentation

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High Velocity Hurricane Zone Uniform Permit Application Form

Section A (General Information)

Master Permit No. _____ Process No. _____

Contractor's Name _____

Job Address _____

ROOF CATEGORY

☐ **Low Slope** ☐ **Mechanically Fastened Tile** ☐ **Mortar/Adhesive Set Tile**
☐ **Asphaltic Shingles** ☐ **Metal Panel/Shingles** ☐ **Wood Shingles/Shakes**

☐ **Prescriptive BUR-RAS 150**

ROOF TYPE

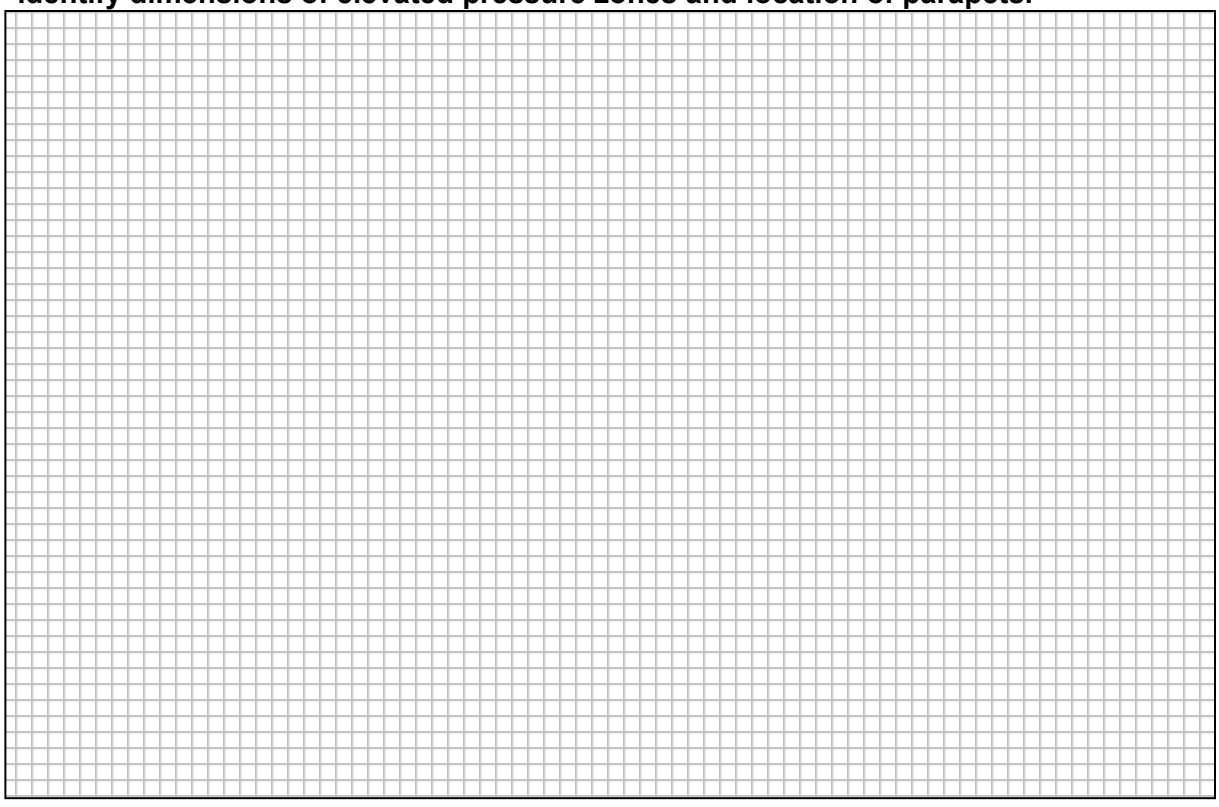
☐ **New Roof** ☐ **Re-Roofing** ☐ **Recovering** ☐ **Repair** ☐ **Maintenance**

ROOF SYSTEM INFORMATION

Low Slope Roof Area (SF)	**Steep Sloped Roof Area (SF)**	**Total (SF)**
_____	_____	_____

Section B (Roof Plan)

Sketch Roof Plan: **Illustrate all levels and sections, roof drains, scuppers, overflow scuppers and overflow drains. Include dimensions of sections and levels, clearly identify dimensions of elevated pressure zones and location of parapets.**



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Section C (Low Sloped Roof System)

Fill in Specific Roof Assembly Components and Identify Manufacturer

(If a component is not used, identify as "NA")

System Manufacturer: _____

NOA No.:_____

Design Wind Pressures, From RAS 128 or Calculations:

Pmax1: _____ Pmax2: _____ Pmax3: _____

Max. Design Pressure, From the Specific NOA System:_____

Deck:

Type: _____

Gauge/Thickness: _____

Slope: _____

Anchor/Base Sheet & No. of Ply(s):_____

Anchor/Base Sheet Fastener/Bonding Material:

_____

Insulation Base Layer: _____

Base Insulation Size and Thickness: _____

Base Insulation Fastener/Bonding Material:

_____

Top Insulation Layer: _____

Top Insulation Size and Thickness: _____

Top Insulation Fastener/Bonding Material:

_____

Base Sheet(s) & No. of Ply(s):_____

Base Sheet Fastener/Bonding Material:

_____

Ply Sheet(s) & No. of Ply(s):_____

Ply Sheet Fastener/Bonding Material:

_____

Top Ply: _____

Top Ply Fastener/ Bonding Material:

_____

Surfacing:_____

Fastener Spacing for Anchor/Base Sheet Attachment

Field: ____" oc @ Lap, # Rows ____ @ ____" oc

Perineter: ____" oc @ Lap, # Rows ____ @ ____" oc

Corner: ____" oc @ Lap, # Rows ____ @ ____" oc

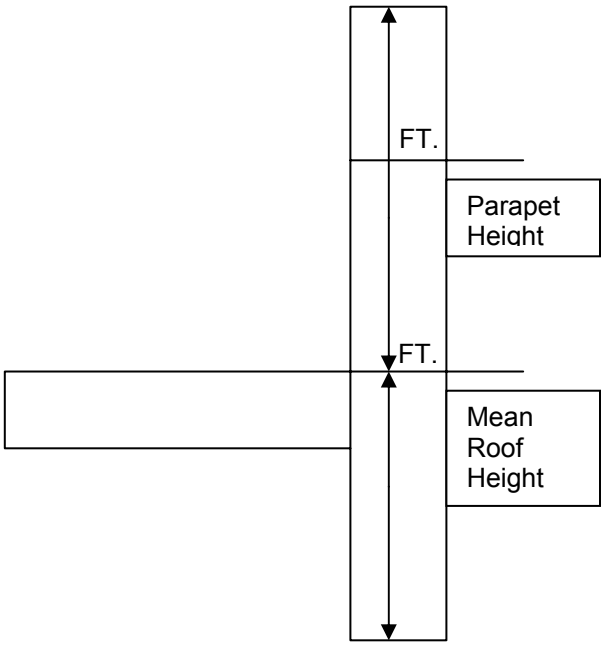
Number of Fasteners Per Insulation Board

Field _____ Perimeter _____Corner _____

Illustrate Components Noted and Details as Applicable:

Woodblocking, Gutter, Edge Termination, Stripping, Flashing, Continuous Cleat, Cant Strip, Base Flashing, Counter- Flashing, Coping, Etc.

Indicate: Mean Roof Height, Parapet Height, Height of Base Flashing, Component Material, Material Thickness, Fastener Type, Fastener Spacing or Submit Manufacturers Details that Comply with RAS 111 and Chapter 16.



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Section D (Steep Sloped Roof System)

Roof System Manufacturer: _____
Notice of Acceptance Number: _____
Minimum Design Wind Pressures, If Applicable (From RAS 127 or Calculations): **Pmax1: _____ Pmax2: _____ Pmax3: _____**
Maximum Design Pressure **(From the NOA Specific System): _____**
Method of Tile Attachment:_____

Sloped System Description

Deck Type:

Type Underlayment:

Roof Slope:
_____: 12

Insulation:

Fire Barrier:

Ridge Ventilation?
_____

Fastener Type & Spacing:

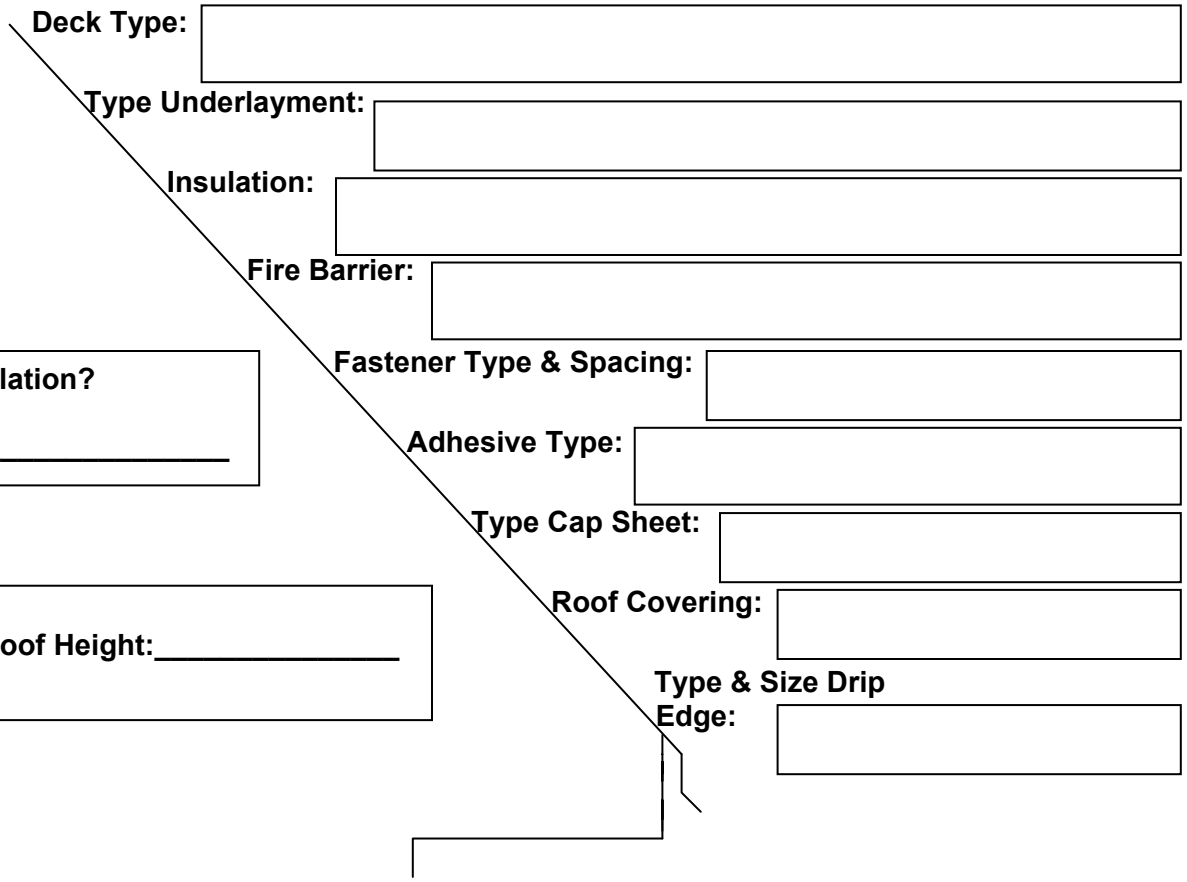
Adhesive Type:

Type Cap Sheet:

Mean Roof Height:_____

Roof Covering:

Type & Size Drip Edge:



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Section E (Tile Calculations)

For Moment based tile systems, choose either Method 1 or 2. Compared the values for M_r with the values from M_f. If the M_f values are greater than or equal to the M_r values, for each area of the roof, then the tile attachment method is acceptable.

Method 1 "Moment Based Tile Calculations Per RAS 127"

(P_1:_____ x λ _____= _____) – Mg: _____ = M_{r1} _____ NOA M_f _____
(P_2:_____ x λ _____= _____) – Mg: _____ = M_{r2}_____ NOA M_f _____
(P_3:_____ x λ _____= _____) – Mg: _____ = M_{r3}_____ NOA M_f _____

Method 2 "Simplified Tile Calculation Per Table Below"

Required Moment of Resistance (M_r) From Table Below _____ NOA M_f _____

M_r Required Moment Resistance*					
Mean Roof Height → / Roof Slope ↓	15'	20'	25'	30'	40'
2:12	34.4	36.5	38.2	39.7	42.2
3:12	32.2	34.4	36	37.4	39.8
4:12	30.4	32.2	33.8	35.1	37.3
5:12	28.4	30.1	31.6	32.8	34.9
6:12	26.4	28.0	29.4	30.5	32.4
7:12	24.4	25.9	27.1	28.2	30.0

***Must be used in conjunction with a list of moment based tile systems endorsed by the Broward County Board of Rules and Appeals.**

For Uplift based tile systems use Method 3. Compared the values for F' with the values for F_r. If the F' values are greater than or equal to the F_r values, for each area of the roof, then the tile attachment method is acceptable.

Method 3 "Uplift Based Tile Calculations Per RAS 127"

(P_1 : ____ x l: ____ = ____ x w: = ____) – W: ____ x cos θ: ____ = F_{r1}: ____ NOA F'____
(P_2 : ____ x l: ____ = ____ x w: = ____) – W: ____ x cos θ: ____ = F_{r2}: ____ NOA F'____
(P_3 : ____ x l: ____ = ____ x w: = ____) – W: ____ x cos θ: ____ = F_{r3}: ____ NOA F'____

Where to Obtain Information		
Description	**Symbol**	**Where to find**
Design Pressure	P1 or P2 or P3	RAS 127 Table 1 or by an engineering analysis prepared by PE based on ASCE 7
Mean Roof Height	H	Job Site
Roof Slope	θ	Job Site
Aerodynamic Multiplier	λ	NOA
Restoring Moment due to Gravity	M_g	NOA
Attachment Resistance	M_f	NOA
Required Moment Resistance	M_r	Calculated
Minimum Attachment Resistance	F'	NOA
Required Uplift Resistance	F_r	Calculated
Average Tile Weight	W	NOA
Tile Dimensions	l= length w= width	NOA

All calculations must be submitted to the Building Official at the time of permit application.